

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90065 035 ****61.25

DOCUMENT # N96000004339

1. Entity Name

CHURCH MORTGAGE AND LOAN CORPORATION

Principal Place of Business

Mailing Address

2008 CURRY FORD ROAD
 ORLANDO FL 32806

2008 CURRY FORD ROAD
 ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, RICHARD
7814 NADITZ COURT
ORLANDO FL 32822

Name Hicks, Richard

Street Address (P.O. Box Number is Not Acceptable)

18325 Sky Top Lane

City Groveland

FL

Zip Code 34736

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD HICKS, RICHARD**
 STREET ADDRESS **7814 NADITZ CT.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME Hicks Richard
 STREET ADDRESS 18325 Sky Top Lane
 CITY-ST-ZIP Groveland, FL 34736

TITLE Delete
 NAME **CD THOMPSON, FORREST**
 STREET ADDRESS **2305 BUCKMINSTER CIR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD GREER, JOHN**
 STREET ADDRESS **3630 IDLE HOUR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 407 894 5994

Date

Daytime Phone #

CR2E037 (9/01)